



CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

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Governor

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Mark D. Birdwhistell  
Secretary

Glenn Jennings  
Commissioner

March 06, 2007

**TO:** Primary Care Provider (31) Letter Number A- 365; Dentist Provider (60) Letter Number A- 150;  
Dentist Group Provider (61) Letter Number A- 12; Physician Provider (64) Letter Number A- 357;  
Physician Group Provider (65) Letter Number A- 17

**RE: Web Enrollment System Evaluation**

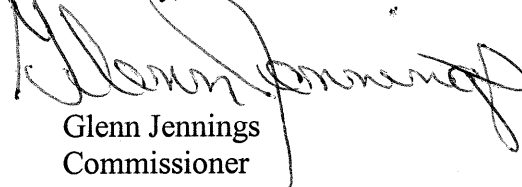
Dear *KyHealth Choices* Provider:

*KyHealth Choices* sincerely appreciates your support of the new web enrollment system. We want prospective providers to take advantage of this new application process and wish to ensure that the web enrollment system is as efficient and user-friendly as possible. Your comments and suggestions have been extremely useful and will be taken into consideration as we complete modifications for our next release in March 2007. Based on your recent experience with our provider training session, please take a moment to complete the enclosed evaluation and return to:

*KyHealth Choices*  
P.O. Box 2110  
Frankfort, Kentucky 40602

If you have questions or further suggestions, please call *KyHealth Choices* toll free at 1-800-639-5195. A provider enrollment specialist will be available to help you between the hours of 8:00 a.m. and 6:00 p.m., Eastern-time, Monday through Friday.

Sincerely,



Glenn Jennings  
Commissioner

Enclosure

Xc: Primary Care Provider (31) Letter Number A- 365; Dentist Provider (60) Letter Number A- 150;  
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## Provider Training Evaluation

Type of Provider:

Location:

Date:

We hope you enjoyed the workshop! To help us better serve you, please complete this survey.

Content/Presentation	Scale of Importance			
	Agree	Somewhat Agree	Somewhat Disagree	Disagree
The materials presented today were helpful.				
There was enough information related to my specific needs.				
I think the materials presented a good mix of topics.				
The training materials were well designed.				
I was in a friendly setting and was treated with great importance.				
I think the meeting was well organized.				
The presenters were knowledgeable and delivered the materials in an interesting way.				
I was able to participate as much as I wanted.				
The session lasted an adequate amount of time.				
The session had clear goals and objectives.				
The presentation met my expectations.				
I would recommend these sessions to my colleagues.				

My occupation is: \_\_\_\_\_

### **Additional comments and suggestions for future meetings:**
